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Resistance in Unjust Times: Archer, Structured Agency and the Sociology of Health Inequalities

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Abstract

Few sociologists dissent from the notion that the mid- to late 1970s witnessed a shift in capitalism's *modus operandi*. Its association with a rapid increase of social and material inequality is beyond dispute. This article opens with a brief summation of contemporary British trends in economic inequalities, and finds an echo of these trends in health inequalities. It is suggested that the sociology of health inequalities in Britain lacks an analysis of agency, and that such an analysis is crucial. A case is made that the recent critical realist contribution of Margaret Archer on 'internal conversations' lends itself to an understanding of agency that is salient here. The article develops her typology of internal conversations to present characterizations of the 'focused autonomous reflexives' whose mind-sets are causally efficacious for producing and reproducing inequalities, and the 'dedicated meta-reflexives' whose casts of mind might yet predispose them to mobilize resistance to inequalities.

Keywords

Archer on internal conversations, critical realism, dedicated meta-reflexives, focused autonomous reflexives, health inequalities, mobilizing for resistance, neoliberalism, social and material inequalities

Introduction

> Sovereign debt currently worries governments more than anything else. It is not impossible that we might now get a repeat of the Great Depression, when a stock market crash and some financial instability was intensified into real depression by government cutting of expenditure and tightening of credit. I think that Europe's conservative

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> governments, in Britain, Italy, France, and Germany, are also taking advantage of the crisis to introduce welfare cuts that they have long wanted, but the basic pressure is coming from the markets, the movements of financial capital. It is bizarre that a financial crisis caused by neoliberalism should – after a short-term of Keynesian solutions – turn into more neoliberalism. (Mann, 2011: 15)

But then, as Mann insists, it is 'power' that rules the world. And it has been decreed that growing inequalities are the price that citizens-cum-consumers must pay for the promise of collective betterment. The growth of wealth and income inequalities has in fact been striking in the post-Fordist, post-welfare statist phase of what will hereafter be called 'high', as opposed to the more prejudicial 'late', modernity (Scambler and Higgs, 1999). It is a story of historical, 'post-war' slippage, gathering significant momentum during the 1980s and early 1990s and no more than temporarily levelling-off during the New Labour years. According to the Report of the National Equality Panel, *An Anatomy of Economic Inequality in the UK* (2010), the top decile of the UK population is now 100 times as wealthy as the bottom decile. The Interim Report of the High Pay Commission (High Pay Commission, 2011) bears testimony to what can only be defined as increasingly unconstrained and voracious greed (Scambler, 2009). Dominant among Britain's top 0.1 per cent of income 'earners' are finance and business workers and company directors. FTSE 100 chief executives enjoyed average total remuneration of over £4.2m in 2009–10. In 2010, FTSE 100 CEO pay was 145 times the average salary for workers, and it is on track to be 214 times the average salary by 2020.

Inequality is conventionally described as inequity when it is avoidable, unnecessary or unfair. Present increases in wealth and income inequalities are clearly inequitable: Dukes can still 'own' multiple London neighbourhoods by virtue of birth while those unencumbered by inherited capital, even the short-term unemployed, can be hounded for flouting a putative 'imperative to work'. But neither dukes nor those 'not in employment, education or training' (NEETS) are sources of unease for the career-oriented, cross-party 'political class' that feeds into the power elite at the apex of the apparatus of the state (Oborne, 2007). Parliamentary politicians and those who sustain and service them are no longer discomforted by inequity, the more conspicuously so since the advent of Cameron's 'coalition government'.

There is a broad sociological consensus on the facts of growing inequality/inequity, as there is on factors of causal salience for these trends. If the quadrupling of oil prices in the mid-1970s is a 'marker' (*not* cause) of the transition from one phase of capitalism to another, then more slowly evolving social demographics, the long-term decline of manufacturing, and a more abrupt and political de-regulation of finance, complemented and championed after 1979 by Thatcher's neoliberalism mark I, and reinforced after 1997 by 'New Labour's' neoliberalism mark II, were critical. The neoliberal era, it has been argued, has witnessed a revised relationship between the interests of class and state: a new class/command dynamic (Scambler, 2002, 2007, 2012b). Paraphrasing the historian David Landes' (1998) contention that men of wealth buy men of power, it might reasonably be said that they have seen a better return since the 1970s.

It is widely accepted in the published socio-epidemiological and social scientific literature on health inequalities that increases in inequalities of wealth and income bring health inequalities in their wake. High modernity is witness to a 'widening gap' in rates of health

and longevity by an array of socio-economic classifications (SECs) from the Registrar General's 'social class based on occupation' (SC) and Socio-economic group (SEG) to the National Statistics Socio-Economic Classification (NS-SEC): the steepness of the 'social gradient' has increased (Scambler, 2012b). The latest data from the Office of National Statistics for England and Wales, using NS-SEC, afford an illustration. A study of male mortality between 2001 and 2008 found that in 2001 the mortality rate of those in routine and manual occupations was 2.0 times that of those in managerial and professional occupations; in 2008 that ratio had risen to 2.3. The authors record that 'this patterning of declining absolute but rising relative inequalities is a well-known phenomenon in the context of declining overall mortality rates' (Langford and Johnson, 2010: 1). The recent Strategic Review of Health Inequalities (The Marmot Review, 2010) gives a comprehensive summary of SECs and health and longevity consonant with this statement.

Consensus on *trends*, however, does not amount to consensus on explanations. If rising inequalities of wealth and income are accompanied or followed by rising inequalities of health, why is this? This statement by Wilkinson and Marmot (2003: 10) is succinct, eloquent and helpful:

> Both material and psychosocial factors contribute to these differences and their effects extend to most diseases and causes of death. Disadvantage has many forms and may be absolute or relative. It can include having few family assets, having a poorer education during adolescence, having insecure employment, becoming stuck in a hazardous or dead-end job, living in poor housing, trying to bring up a family in difficult circumstances and living on an inadequate retirement pension. These disadvantages tend to concentrate among the same people, and their effects on health accumulate during life. The longer people live in stressful economic and social circumstances, the greater the physiological wear and tear they suffer, and the less likely they are to enjoy a healthy old age.

There is no easy way of satisfactorily capturing this heterogeneity of explanation, but there is a case for distinguishing between material, behavioural and psychosocial orientations or models (Bartley, 2003).

- The pioneering and agenda-setting 'Black Report' (DHSS, 1980) accorded an unambiguous causal priority to 'material/structural' factors in the explanation of SEC-related health inequalities. Material disadvantage, via low incomes, substandard housing, neighbourhood deprivation and so on, undermined health and shortened life.
- While the Black Report prioritized material or structural factors, it also acknowledged a significant causal role for 'cultural/behavioural' factors. Advocates of the contribution of what have since been termed 'risk behaviours – like smoking, drinking heavily, living off 'fast foods' and adopting a sedentary lifestyle – have stressed their overriding causal salience for impaired health and reduced longevity.
- Psychosocial factors (a mere subtext in the Black Report) have been variously defined, but key proponents, like the social-epidemiologist Wilkinson, have emphasized the causal effects of social and cultural fragmentation, the implosion of social networks and a concomitant loss of solidarity, mutuality and trust amongst and between individuals.

It is not of course simply a matter of choosing *between* these alternative explanations: each clearly has theoretical and empirical merit. Moreover, in the generation since the Black Report at least three lessons have been learned. First, seemingly 'alternative' or rival explanations for health inequalities are less distinctive than they appear: people in low-income households are most liable to injurious risk behaviours and most vulnerable to social isolation. Second, as multiple longitudinal studies have shown, material, behavioural and psychosocial factors exercise a cumulative effect over the life-course. And third, what each explanation seems to lack, and what they lack in whatever combination is tried, is the potential to add up to a sociology of health inequalities. While it is true that there have been a few sociologists who have exercised more sociological imagination and eschewed multivariate analysis in favour of qualitative and mixed-methods investigations (Williams, 2003), there remains a strong case, I believe, for a more 'classical' sociology of health inequalities, anchored in macro-sociological theories of social structures or relations like class and command (Scambler, 2012b).

If there has been a discernible and politically motivated 'lifestyle drift' in the recent framing of health inequalities policy and research, there has nevertheless also been an acknowledgement of the salience of structure as well as agency in the work of some sociologists, holding out the prospect of a genuinely sociological narrative. Popay and Williams, for example, have deployed a largely qualitative/mixed-methods programme of research to tap into the 'voice of the lifeworld' in pursuit of a meso- or middle-range theory of health inequalities (2009). Seigrist's (2009) model of 'effort-reward imbalance' falls into the same category, as does the work of Frohlich and colleagues in Canada, who draw on Sen's 'capability approach' to stress the significance of both structure and agency for health inequalities research and interventions (Abel and Frohlich, 2012). In the account that follows I call on the work of Bhaskar and, particularly, Archer to deepen our understanding of the transformative power of agency pertinent to a sociology of health inequalities, having elsewhere emphasized the causal efficacy of structure (Scambler, 2012b). I begin with a brief exposition of their critical realist perspective.

Critical Realism, Archer and 'Internal Conversations'

The critical realist philosophy of Bhaskar (1975, 1989) underpins Archer's work and this article and requires a brief summary. Sayer (2000) perhaps best encapsulates critical realism in his well-cited triad of propositions. The first heralds a defining commitment to *ontological realism*: in other words, there exist both natural and social worlds independently of our knowledge of them. The second proposition Sayer refers to as *epistemological relativism*: it is not a phrase I can readily endorse, but I accept his core assertion that what we know is ineluctably (and fallibly) a function of our time and place (i.e. is socially constructed). And the final member of Sayer's triad is captured in the expression *judgemental rationality*: notwithstanding the social construction of knowledge, it remains possible to decide between alternative theories on rationally compelling grounds.

A core premise of critical realism is that natural and social scientists alike have fallen foul of the 'epistemic fallacy'. They have come to permit questions about what *exists* to be displaced by, even reduced to, what we can *know* of what exists: ontology, in other words, has been incorporated into epistemology. Bhaskar, committed to recovering the

ontological, delineates three ontological strata. *Events* are accessible to us empirically via *experience*. It is at the level of the *real*, however, that the (generative) mechanisms that are causally efficacious for events are to be found. It is through the experiential study of events that real mechanisms can be 'transcendentally' inferred: they *must* exist for our knowledge of events to be as it is.

Quantitative studies lend themselves to the 'retroductive' inference of the real via multivariate analysis or what Lawson (1997) calls 'demi-regularities' or 'demi-regs'. Scambler (2007) and Coburn (2009) have argued in this vein that from the endlessly replicated associations between SECs and health and longevity *must* be (retroductively) inferred the existence of Marxian relations of class as a real and causally efficacious (generative) mechanism. In short, the demi-regs could not be so endlessly replicated in their absence. Qualitative studies can be no less instructive, although in Britain they have long ceded first place in the pecking order to sociology conducted after the fashion of socio-epidemiology. Personal narratives allow for the 'abductive' inference of the real (Scambler, 2010).

This article takes off from Archer's morphogenetic approach, which insists on the need to analytically decouple structure and agency. Only on the basis of such a decoupling, she maintains, against 'conflationists' like Giddens (1984), is it possible to explore the interface between structure and agency on which social theory depends. In this respect she follows Bhaskar (1989: 92), who argues that structure and agency are:

> . . . existentially interdependent but essentially distinct. Society is both ever-present *condition* and continually reproduced *outcome* of human agency: this is the duality of structure. And human agency is both work (generically conceived), that is, (normatively conscious) *production*, and (normatively unconscious) *reproduction* of the conditions of production, including society: this is the duality of praxis.

Bhaskar's explication of the 'transformational model of social action' underpins Archer's (1995) morphogenetic model. Expressed in her terms, structural conditioning necessarily predates actions that either reproduce (that is, are morphostatic) or elaborate on structures (that is, are morphogenetic), and concerning which humans may or may not be reflexive in the course of socio-cultural interaction.

Our embodied nature as a 'species-being' not only constrains who can become a person, it has direct implications too for what a person can do. Archer (1995: 288) elaborates:

> . . . the characteristics of homo sapiens (as a natural kind) cannot be attributed to society, even if they can only be exercised within it. On the contrary, human beings must have a particular physical constitution for them to be consistently socially influenced (as in learning speech, arithmetic, tool making). Even in cases where the biological may be socially mediated in almost every instance or respect . . . this does not mean that the mediated is not biological nor that the physical becomes epiphenomenal.

Humans, I have contended elsewhere, are simultaneously the products of biological, psychological and social mechanisms whilst retaining their agency. Acknowledgement must be made also of the sometimes mundane and sometimes dramatic interruptions of contingency. Thus humans can be said to be biologically,

psychologically and socially 'structured' without being structurally determined (Scambler et al., 2010; see also Williams, 1999). So what is left for agency and its transformative power?

Reflexivity in Action

In the course of her work on the 'internal conversations' all humans hold, Archer (2007: 5) writes:

> The subjective powers of reflexivity mediate the role that objective structural or cultural powers play in influencing social action and are thus indispensable to explaining social outcomes.

Agency is necessarily contextualized. Archer's (1995, 2003, 2007) way of articulating this is via a three-stage model:

1 Structural and cultural properties *objectively* shape the situations that agents confront involuntarily, and inter alia possess generative powers of constraint and enablement in relation to
2 Subjects' own constellations of concerns, as *subjectively* defined in relation to the three orders of natural reality: nature, practice and the social.
3 Courses of action are produced through the *reflexive deliberations* of subjects who *subjectively* determine their practical projects in relation to their *objective* circumstances.

This model prepares the ground for her defence of the notion of an 'internal conversation'. She argues that:

- it is a genuinely *interior* phenomenon, and one that underwrites the private life of the social subject;
- its subjectivity has a first-person ontology, precluding any attempt to render it in the third-person; and
- it possesses causal efficacy.

She extends her analysis of this 'inner reflexive dialogue' by focusing on its exercise as a power by people negotiating their everyday lives in her *Making Our Way through the World* (2007). Her overarching hypothesis is that 'the interplay between people's nascent "concerns" (the importance of what they care about) and their "context" (the continuity or discontinuity of their social environment) shapes the mode of reflexivity they regularly practice' (Archer, 2007: 96).

Four ideal-typical modes of reflexivity emerge from Archer's empirical investigations:

1 *Communicative reflexives* are characterized by internal conversations that require completion and confirmation *by others* before they result in courses of action.
2 *Autonomous reflexives* sustain self-contained internal conversations, leading directly to action.

3 *Meta-reflexives* are critically reflexive about their own internal conversations and critical also about the prospects of effective action in society.
4 *Fractured reflexives* are those whose internal conversations intensify their distress and disorientation rather than leading to purposeful courses of action.

The micro-political life politics of individuals contribute to the 'macroscopic' structuring and restructuring of society. In general, the combined day-to-day practices of communicative reflexives comprise the cement of society. The autonomous reflexives for their part combine to foster social development by injecting dynamism into the new positions they occupy: they are the source of productivity in its multiple aspects. Collectively, the meta-reflexives 'function as the well-spring of society's social criticism': they underwrite Weber's realm of *Wertrationalitat* or value-rationality (Archer, 2007: 99). Although Archer postpones the analysis of fractured reflexives, leaving this for a future volume, two points might be made here. First, fractured reflexivity lends itself to passive agency: its proponents' deliberations go round in circles and lack conclusions. And second, it is communicative reflexives who are most fragile and vulnerable to displacement into the category of fractured reflexive.

Ideal types not only admit of but entail exception and complexity. Ideal-typical assignment is the start not the end of the story for each individual. More needs to be said of the three ideal types so far explicated by Archer.

Communicative Reflexives

We all engage in communicative reflexivity, but only for some is it the dominant mode of reflexivity. What is distinctive about the internal conversation of communicative reflexives is that its conclusion requires the input of others: intra-subjectivity needs to be supplemented by inter-subjectivity (Archer, 2007: 102). Given our natal or initially 'involuntary' placement in society, these 'others' are typically recruited from those who comprise communicative reflexives' local peers or reference group, hence the tendency to social immobility.

Autonomous Reflexives

The internal conversations of autonomous reflexives are, by contrast, self-contained affairs. The lone inner dialogue is sufficient to determine a course of action. When this is the dominant mode of reflexivity those involved neither seek nor require the involvement of others in their decision-making. Autonomous reflexives also engage in communicative reflexivity, but this is for them not strictly necessary. 'Whilst the autonomous subject may respond readily, articulately and take interest in the reactions of others, none of these interchanges is driven by need' (Archer, 2007: 114).

Meta-reflexives

The concept of meta-reflexivity, implying reflection on reflection, may seem abstruse, even narcissistic, but self-monitoring is part and parcel of day-to-day living. In those for

whom it is the dominant mode, meta-reflexivity is a routine kind of self-questioning. 'Why did I say that?', 'Why am I so reticent to say what I think?' Meta-reflexives are 'conversant with their own meta-reflexivity'. They are self-critical and tend to be preoccupied with the moral worth of their projects and their worthiness to undertake them.

Summarizing Archer's analysis at this juncture, it might be said that communicative reflexives are oriented to 'consensus'; autonomous reflexives are oriented to 'outcome'; meta-reflexives are oriented to 'values'; and fractured reflexives are non- or disoriented.

The *Focused* Autonomous Reflexive

I have argued elsewhere that the period since the early to mid-1970s has witnessed a change in the class/command dynamic; namely, an intensification of class power relative to that of the increasingly privatized yet regulatory state. Polemical illustration of this is afforded by the *greedy bastards hypothesis* (GBH), a nomenclature even less extravagant after than before the global financial crisis of 2008–9. This asserts that Britain's widening social and health inequalities can be seen as largely unintended consequences of the voracious, strategic appetites of a hard core or 'cabal' in its strongly globalized *capitalist-executive* (CCE), backed by its more weakly globalized *power elite* (PE). If men of money have always bought men of power, to paraphrase Landes (1998), they have got considerably more for their money since the mid-1970s than they did in the post-war years of consensual welfare statism (Scambler, 2007, 2009, 2012; Scambler and Higgs, 1999).

Underpinning the GBH is the claim that the new flexible or de-standardized work patterns, the rapid growth of income inequality, welfare cuts (now acute under the post-2010 'Con-Dem' Coalition), and largely derivative processes like the 'postmodernization' of culture and novel and divisive forms of individualism have their origins in the strategic behaviour of the GBs. When, for example, the CEOs and directors of large transnational companies, along with financiers and rentiers, pocket huge pay packages, pension pots and 'honours' for downsizing workforces, substituting transitory or part-time for full-time workers, reducing work autonomy in favour of micromanagerial control, outsourcing, and ending final salary pension schemes, they adversely affect the health and life expectancy of their (ex-)employees; and by doing so they contribute positively to health inequalities (Scambler, 2012b).

I have maintained that there are discernible media through which class and other structural relations realize their influence on health and longevity. They comprise a well-attested list of capital or 'asset flows': biological, psychological, social, cultural, spatial, symbolic and, above all, material. These asset flows vary temporally and so are rarely either possessed or not, it almost invariably being a matter of degree or strength of flow. Moreover, there is frequently interaction or compensation between flows. A reduced biological asset flow might be compensated for by a strong flow of psychological assets, for example, or an arrest in the flow of material assets by strong flows of social or cultural assets. As epidemiological research on the clustering of risk factors for health indicates, however, there is a tendency for flows to be weak or strong across assets.

Drawing on Archer's exploration of internal conversations, I constructed an ideal-typical sub-type of her autonomous reflexive called the *focused autonomous reflexive*. The principal characteristics of this sub-type are summarized in Table 1. Those at the apex of the capitalist-executive and power elite, the 'greedy bastards' of the GBH, can reasonably be characterized as focused autonomous reflexives (although they by no means exhaust its membership) (Scambler, 2012a).

Ideology and Resistance

It is now more anachronism than platitude within sociological circles to say that people have beliefs, values and attitudes that owe more to their natal or involuntary placement in society than to the exercise of agency. Bhaskar and Archer acknowledge as much but yet allow for the transformative power of agency. As far as the CCE/PE dyad is concerned, they are without doubt prime peddlers, via mass media and heavily sponsored Think Tanks, of a neoliberal ideology that either applauds or excuses the GBs of the

Table 1. Ideal type of capitalist executive and power elite as focused autonomous reflexives (adapted from Scambler, 2012a)

Principal characteristics	
Total commitment	The focused autonomous reflexive exhibits an overriding engagement with accumulating capital and personal wealth/income (personified by a cabal at the apex of the capitalist executive [CCE] serviced by the power elite [PE]). Nothing less will suffice: that is, any deficit in commitment will result in absolute or relative failure.
Nietzschian instinct	Born of a Hobbesian notion of the natural human state, the commitment of the CCE/PE betrays a ruthless determination to cut whatever corners are necessary to gain advantage over rivals.
Fundamentalist ideology	The commitment of the CCE/PE is not only total and Nietzschian but fundamentalist: it does not admit of compromise. It is an ideology – that is, a standpoint emerging from a coherent set of vested interests – that brooks no alternative.
Cognitive insurance	While cognitive dissonance is a state to which none of us is immune, the CCE/PE is able to take out sufficient insurance to draw its sting. Thus accusations of greed and responsibility for others' suffering are rarely internalized. Such epistemological and ontological security is the exception rather than the rule in this era of financial capitalism.
Tunnel vision	A concomitant of a total, Nietzschian and fundamentalist commitment is the sidelining of other matters and a reflex and often gendered delegation of these to others.
Lifeworld detachment	The colonizer is colonized: there is simply no time for the ordinary business of day-to-day decision-making. In this way members of the CCE/PE rely on and reproduce structures not only of gender but of class, ethnicity, ageing and so on. Lifeworld detachment presupposes others' non-detachment.

GBH. Echoing the stance adopted by Engels and Virschow in their opposition to the bourgeois ideologies of their times and places, to undermine the health and life expectancy of the poor and powerless by – however indirectly or circuitously – staunching vital asset flows is no lesser a crime than manslaughter (Scambler, 2012b). The role of 'symbolic' as opposed to physical violence in producing and reproducing health inequalities has been neglected.

The ideology of sociological salience, in other words, is that of the capitalists, the bourgeoisie, the 'neo-cons', the CCE/PE and so on. It is one matter to inherit interests that go 'with' the structural/ideological flow, another to inherit interests that come up 'against' them. This was once a commonplace in sociology. To reintroduce the concept of ideology is necessarily to reintroduce that of 'false consciousness' (Runciman, 1970). Any discomfort at doing so is arguably itself a function of a degree of (ideological) taming of the discipline (Scambler, 1996).

Resistance necessarily involves countering, subverting and ultimately undermining the global, national or local potency of ideology, in the present the ideology of neoliberalism. And the accumulated evidence of the post-welfare-statist decades leads ineluctably to the conclusion that health inequalities in the UK and elsewhere cannot be addressed effectively by Popperian 'piecemeal social engineering': meaningful resistance *necessarily* reaches deep down into generative social mechanisms, be they of structure *or agency*. The class/command dynamic that characterizes the present represents the key and overriding structural input into health inequalities/inequities. But what of the potentially transformative power of agency?

For Archer (2007: 155), meta-reflexives, oriented by values, are characterized by 'contextual incongruity', which denotes an incongruity between dreams and aspirations and contextual factors that obstruct their realization. But not all dreams and hopes fade away, and those organizers and leaders of resistance to neoliberal ideology might be said to represent a sub-set of meta-reflexives whose value-driven commitments become central to identity for self and others and transmute into life-long advocacy on behalf of the 'community as a whole'. I call them *dedicated meta-reflexives*.

Dedicated Meta-reflexives

These putative activists might superficially appear to resemble the CCE/PE contingent of focused autonomous reflexives. Archer separates them without compulsion. While the focused autonomous reflexives are almost entirely instrumental, strategically, single-mindedly and ruthlessly oriented to the pursuit of their own interests, the dedicated meta-reflexives are value, other- and community or 'third sector'-oriented (2007: 312). As Archer (2007: 262) demonstrates, the:

> . . . meta-reflexive concern for 'community', despite its varied meanings, is light years removed from both the communicative reflexives' preoccupation with their own micro-life worlds and the autonomous reflexives' use of the locality as a place for out-sourcing and paid access to selected facilities . . . what unites (meta-reflexives) is not a burgeoning communitarianism, but rather a common belief that social problems will not yield to individualistic incentives or to centralized political interventions.

Sir Michael Marmot, a key public health practitioner and leader in World Health Organization and UK health inequalities research and policy, often cites Neruda's injunction to 'rise up with me against the organization of misery', a plea he regards as an international rather than national or local call to arms. There is a question here of the degree of commitment to 'making a difference'. Eagleton (201: 19) writes:

> . . . reform is vital; but sooner or later you will hit a point where the system refuses to give way, and for Marxism this is known as the social relations of production. Or, in less polite technical language, a dominant class which controls the material resources and is markedly reluctant to hand them over. It is only then that a decisive choice between reform and revolution looms up.

In a neoliberal era, Marmot has fought nobly but unavailingly, like the fabled Canute, against an incoming tide. If he and sociologists of health inequalities are (in a Hegelian sense) 'serious', then there will have to be a sociological reckoning with the contradictions of capitalism and the likes of transnational and national relations of class and command, a step far beyond an abstruse, academic fascination with SECs and health. The SEC/health association cannot be explained sociologically in the absence of a more comprehensive theory of social class and 'class struggle' (Coburn, 2009; Scambler, 2012b; Scambler and Scambler, forthcoming).

Key protagonists in such a struggle are presented here as dedicated meta-reflexives. Given the low visibility of class politics in the neoliberal era, dedicated meta-reflexives are unlikely to see themselves, or be seen by others, as class warriors engaged in an ongoing struggle. They are more likely to be the issue of a heterogeneous array of 'mobilizing potentials' (Scambler and Kelleher, 2006). Some of their number, whether campaigning against the hike in student fees, the abolition of the Education Maintenance Allowance or the Health and Social Care Bill, might be paid-up members of a (anti-capitalist) 'movement of movements', but others are manifestly not. The characteristics of this sub-type of meta-reflexive are as follows:

- *An impulse to solidarity*: Picking up on Archer's narrative, dedicated meta-reflexives are oriented to community. Their natural mode of relating is communicative rather than strategic (Habermas, 1984, 1987). Their actions are informed by values of sociality, favouring norms of reciprocity.
- *System immunity*: Activists falling within the category of dedicated meta-reflexive have strong ego-defences, allowing them to have enduring 'lifeworld' rather than 'system' ambition. Their aspirations are unlikely to be easily undone by the 'steering media' of the economy or state, that is, money or power (Habermas, 1984, 1987).
- *A predilection to optimism*: Optimism of the will subduing pessimism of the intellect is likely to be on the calling cards of dedicated meta-reflexives. These are disciples of Gramsci, refusing not to act against the odds. They do not just have 'system immunity' but are committed to better futures.
- *Visionary insight*: However embryonic, the dedicated meta-reflexive envisages a future that improves on past and present, and does so for the 'community as a

whole' rather than a discrete (wealthy, powerful) segment (like the CCE/PE). Their vision belongs within Giddens' (1990) category of 'utopian realism'.

- *Therapeutic orientation*: Dedicated meta-reflexives 'care' in ways often antipathetic to instrumental or strategic action. Their challenge is Lenin's and is around Hegel's notion of 'seriousness'. If they are 'serious' about their activism, however, are they not ceding crucial territory to the focused autonomous reflexives of the CCE/PE by their therapeutic orientation?
- *Action commitment*: It is in their predisposition to act, to intervene, to make a difference, that dedicated meta-reflexives' therapeutic orientation is leavened by engagement. There is real tension here, in Habermasian terms, between actions aimed at *consensus* or *outcome*. Which do dedicated meta-reflexives privilege, representing the communities in which they participate or securing utopian realist benefits on their behalf?

And so to the concluding paragraphs of this contribution. Just how might analyses of structured agency, via Archer on internal conversations and the ideal-typical sub-types of focused autonomous reflexive and dedicated meta-reflexive, help fill in lacunae in a sociology of health inequalities?

Concluding Reflections

This article is premised on the need for a sociological analysis of agency for any credible sociology of health inequalities. It is an attempt to fortify or add to the contributions of colleagues pursuing a similar agenda (Williams, 2003). Forceful and evidence-based calls for a more equitable distribution of wealth and income (and thus power) have been sidelined with ease, even after 2008–9. If a couple of years ago there seemed a whiff of a legitimation crisis in the air, this is now a receding threat (although the troubles within the 'eurozone' at the time of writing, most dramatically in Greece, have the odour of crisis about them) (Habermas, 1975). So is the call for evidence-based policy, to which cause many epidemiologists, sociologists and others have been recruited, purely rhetorical? Does evidence-based policy transmute into policy-based evidence whenever powerful class interests are at stake? Is evidence-based policy even a cause worth pursuing? There have been those who have questioned Wilkinson's analyses of data purporting to demonstrate a *causal* relationship between income inequality and 'social evils' like growing health inequalities; but such scholastic disputes can seem arcane when set against the only-too-predictable, mundane life events besetting those on the wrong side of the tracks (Wilkinson and Pickett, 2010). Taken in the round – that is, drawing on qualitative and mixed-methods as well as quantitative studies – there seems little doubt that Wilkinson (and Pickett) has captured the essence of extant research.

Reference has been made here to a prior identification of morphogenetic actions and the 'structured agency' of those focused autonomous reflexives sharing a high degree of causal responsibility for the production, reproduction and durability of health inequalities in the UK. These are members of a cabal at the very centre of the capitalist-executive and the political power elite, the 'greedy bastards' of the GBH. New here is the identification of the structured agency of the dedicated meta-reflexives. These comprise those individuals with the requisite

mindset, aptitude and set of skills to offer radical resistance that extends to and, however circuitously, calls into question those social structures of class and command that underwrite the behaviours of the GBs and their allies in the new middle class.

Archer has expressed doubts about Bourdieu's (1977) notion of habitus, claiming that it cedes too much to structure and leaves too little to agency; but a case might yet be made for discerning a class-based habitus characterizing, on the one hand, the GBs among the focused autonomous reflexives and, on the other, the 'resisters' among the dedicated meta-reflexives. It is difficult to see how a sociology of health inequalities could be considered comprehensive in the absence of a contribution to a sociology of the agency of key players.

This article concludes with three further points of clarification or qualification. The first is a plea for more of what I have elsewhere called 'meta-reflection' in sociology (Scambler, 2010). The gist of the argument is that there is a strong case for pausing to take stock of, and work with, *extant* bodies of research and theory when addressing substantive areas like health inequalities. The need for 'new' data or theory is not always pressing. The present use of Archer's critical realist analysis of internal conversations is a modest case in point.

Second, it should be recognized and remembered that sociology's contribution to understanding and explaining a phenomenon like health inequalities is necessarily partial. It is a virtue of critical realist philosophy that readily allows for biological and psychological as well as social mechanisms to be simultaneously active in open systems and to travel 'upstream' and 'downstream' without yielding to any form of reductionism (e.g. towards either the biological or the social) (Scambler et al., 2010). On this reading, sociology's contribution to theorizing and researching health inequalities is partial but discrete.

Finally, reference should be made to 'living in the *real* world'. Policy sociologists and reformers can eschew what they see as the esoteric interests and practices of some professional and most critical sociologists as unhelpful to problem-solving in the world of the here-and-now (reality 1). This brief engagement is perhaps best categorized as professional-cum-critical sociology: its rationale is to experientially pursue events in the here-and-now only insofar as they afford retroductive access to causally generative mechanisms (like relations of class and command) at Bhaskar's level of the real (reality 2). The point is not to condemn those operating with reality 1, but rather to make a case that only by operating with reality 2 does it become possible to make headway towards a sociological theory of a phenomenon like health inequalities.

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